

FORM NO. 1
MARGIN RESERVED FOR READING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McCaw, of Columbia.

<p>(1) PLACE OF BIRTH</p> <p>County of <u>Abbeville</u></p> <p>Township of <u>Abbeville</u></p> <p>Inc. Town of _____ or _____</p> <p>City of _____ (No. _____ St.; _____ Ward)</p> <p>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>CERTIFICATE OF BIRTH</p> <p>STATE OF SOUTH CAROLINA.</p> <p>Bureau of Vital Statistics</p> <p>State Board of Health</p>		<p>File No.—For State Registrar Only</p> <p>13333</p>
<p>(2) Full Name of Child <u>Annabel Ferguson Schuman</u></p>		<p>Registration District No. <u>10</u> Registered No. <u>21</u></p> <p>(For use of Local Registrar)</p>		<p>If child is not yet named, make supplemental report as directed</p>
<p>(3) BOY OR GIRL <u>Boy</u></p>	<p>(4) Twin or Triplet? <u>X</u></p> <p>To be answered only in event of Twins or Triplets</p>	<p>(5) Number in order of birth <u>1</u></p>	<p>(6) Are Parents Married? <u>Yes</u></p>	<p>(7) DATE OF BIRTH <u>May 14</u> 19<u>15</u></p> <p>(Name of Month) (Day) (Year)</p>
<p>FATHER.</p>		<p>MOTHER.</p>		
<p>(8) FULL NAME <u>Wm. T. Schuman</u></p>		<p>(14) NAME BEFORE MARRIAGE <u>Alice R. Ferguson</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville RFD</u></p>		<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville RFD</u></p>		
<p>(10) COLOR OR RACE <u>White</u></p>		<p>(16) COLOR OR RACE <u>White</u></p>		<p>(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)</p>
<p>(12) BIRTHPLACE <u>Abbeville Co</u></p>		<p>(18) BIRTHPLACE <u>Abbeville Co</u></p>		
<p>(13) OCCUPATION <u>Farmer</u></p>		<p>(19) OCCUPATION <u>Housewife</u></p>		
<p>(20) Number of children born to mother, including present birth <u>4</u></p>		<p>(21) Number of children of this mother now living, including present birth <u>4</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>				
<p>(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>5:30 A.M.</u> (Hour A. M. or P. M.) on the date above stated.</p>				
<p>(23) (Signature) <u>C. J. Schuman</u></p>		<p>(25) Address of Physician or Midwife <u>Abbeville S.C.</u></p>		
<p>(24) State whether Physician or Midwife</p>				
<p>Given name added from a supplemental report</p> <p>_____, 191____</p> <p>_____ Registrar</p>		<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p> <p>_____ Local Registrar</p>		
<p>(27) Filed _____ 191____ (28) _____</p>				

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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